County: Outagamie
COLONY OAKS CARE CENTER

601	BRIARCLIFF	DRIVE
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APPLETON 54915 Phone: (920) 739-4466		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	96	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	96	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	86	Average Daily Census:	88

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care No		   Primary Diagnosis		Age Groups	<b>%</b>	Less Than 1 Year	20.9	
Supp. Home Care-Personal Care	No			1		1 - 4 Years	36.0	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	5.8		24.4	
Day Services	No	Mental Illness (Org./Psy)	39.5	65 - 74	7.0			
Respite Care	Yes	Mental Illness (Other)	1.2	75 - 84	52.3		81.4	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.7	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.1	Full-Time Equivalent		
Congregate Meals No		Cancer	2.3	2.3		-   Nursing Staff per 100 Reside		
Home Delivered Meals No		Fractures	7.0	0   10		0   (12/31/03)		
Other Meals	No	Cardiovascular	10.5	65 & Over	94.2			
Transportation	No	Cerebrovascular	5.8			RNs	15.1	
Referral Service	No	Diabetes	1.2	Gender	8	LPNs	3.5	
Other Services	No	Respiratory	7.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	25.6	Male	27.9	Aides, & Orderlies	43.7	
Mentally Ill	No			Female	72.1			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	316	53	93.0	113	0	0.0	0	16	100.0	160	0	0.0	0	2	100.0	219	82	95.3
Intermediate				4	7.0	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		57	100.0		0	0.0		16	100.0		0	0.0		2	100.0		86	100.0

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	tions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	I				% Needing		Total
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.2		60.5	38.4	86
Other Nursing Homes	2.9	Dressing	11.6		52.3	36.0	86
Acute Care Hospitals	82.7	Transferring	40.7		36.0	23.3	86
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.9		45.3	33.7	86
Rehabilitation Hospitals	0.0	Eating	68.6		15.1	16.3	86
Other Locations	4.6	*****	*****	*****	******	* * * * * * * * * * * * * * * * * * * *	****
otal Number of Admissions	173	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	i	Indwelling Or Extern	al Catheter	3.5	Receiving Resp	iratory Care	14.0
Private Home/No Home Health	40.9	Occ/Freg. Incontinen	t of Bladder	26.7	Receiving Trac	heostomy Care	1.2
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	27.9	Receiving Suct	ioning	1.2
Other Nursing Homes	5.8	-			Receiving Osto	my Care	2.3
Acute Care Hospitals	21.6 i	Mobility			Receiving Tube	-	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.2		anically Altered Diets	31.4
Rehabilitation Hospitals	0.0 i	1 1			3	4	
Other Locations	8.8	Skin Care			Other Resident C	haracteristics	
Deaths	22.8 i	With Pressure Sores		3.5	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		3.5	Medications		
(Including Deaths)	171 i				Receiving Psyc	hoactive Drugs	61.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:					
	This	Pro	prietary	50	-99	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities			
	96	୫	Ratio	ઇ	Ratio	%	Ratio	용	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	86.2	1.06	87.1	1.05	88.1	1.04	87.4	1.04			
Current Residents from In-County	80.2	78.5	1.02	81.0	0.99	82.1	0.98	76.7	1.05			
Admissions from In-County, Still Residing	15.6	17.5	0.89	19.8	0.79	20.1	0.78	19.6	0.79			
Admissions/Average Daily Census	196.6	195.4	1.01	158.0	1.24	155.7	1.26	141.3	1.39			
Discharges/Average Daily Census	194.3	193.0	1.01	157.4	1.23	155.1	1.25	142.5	1.36			
Discharges To Private Residence/Average Daily Census	79.5	87.0	0.91	74.2	1.07	68.7	1.16	61.6	1.29			
Residents Receiving Skilled Care	95.3	94.4	1.01	94.6	1.01	94.0	1.01	88.1	1.08			
Residents Aged 65 and Older	94.2	92.3	1.02	94.7	0.99	92.0	1.02	87.8	1.07			
Title 19 (Medicaid) Funded Residents	66.3	60.6	1.09	57.2	1.16	61.7	1.07	65.9	1.01			
Private Pay Funded Residents	18.6	20.9	0.89	28.5	0.65	23.7	0.79	21.0	0.89			
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00			
Mentally Ill Residents	40.7	28.7	1.42	33.8	1.20	35.8	1.14	33.6	1.21			
General Medical Service Residents	25.6	24.5	1.05	21.6	1.19	23.1	1.11	20.6	1.24			
Impaired ADL (Mean)	50.9	49.1	1.04	48.5	1.05	49.5	1.03	49.4	1.03			
Psychological Problems	61.6	54.2	1.14	57.1	1.08	58.2	1.06	57.4	1.07			
Nursing Care Required (Mean)	7.3	6.8	1.07	6.7	1.08	6.9	1.05	7.3	0.99			